



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management

CONSTRUCTION & DEMOLITION WASTE
LANDFILL
Facility Annual Report
For the period of **July 1, 2012-June 30, 2013**

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2013 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Fort Bragg C&D Landfill Permit: 2608-CDLF-1998

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>BLDG #O-3454</u>	Street 1: <u>BLDG #3-1137 Butner Road, Director of Public Works</u>
Street 2: _____	Street 2: _____
City: <u>Fort Bragg</u> County: <u>Cumberland</u>	City: <u>Fort Bragg</u>
State: <u>North Carolina</u> Zip: <u>28310</u>	State: <u>North Carolina</u> Zip: <u>28310</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Sid Williamson</u>	Name: <u>Sid Williamson</u>
Phone: <u>(910) 977-2502</u> Fax: <u>(910) 396-4188</u>	Phone: <u>(910) 977-2502</u> Fax: <u>(910) 396-4188</u>
Email: <u>sidney.d.williamson.civ@mail.mil</u>	Email: <u>sidney.d.williamson.civ@mail.mil</u>

1. Tipping Fee: \$0.00 _____ per Ton (Attach a schedule of tipping fees if appropriate.)

2. Does the tip fee above include the \$2.00 Solid Waste Tax? ☐ Yes ☒ No

3. What other activities occur at this facility? (check all that apply)

☒ Recycling/Reuse Collection ☒ Scrap Tire Collection ☒ White Goods Collection ☒ Household Hazardous Waste Collection

If you checked Recycling/Reuse Collection, please indicate the materials accepted and amount collected: (check all that apply and provide tonnages)

<input type="checkbox"/> Paper _____ tons	<input type="checkbox"/> Fluorescent lightbulbs _____ tons	<input type="checkbox"/> Used oil/oil filters _____ tons	<input type="checkbox"/> Steel Cans _____ tons
<input type="checkbox"/> Cardboard _____ tons	<input type="checkbox"/> PETE (#1) Plastic _____ tons	<input type="checkbox"/> Aluminum Cans _____ tons	<input type="checkbox"/> Other Metal _____ tons
<input type="checkbox"/> Wood _____ tons	<input type="checkbox"/> HDPE (#2) Plastic _____ tons	<input type="checkbox"/> Computer Equipment _____ tons	<input type="checkbox"/> Televisions _____ tons
<input type="checkbox"/> Glass _____ tons	<input checked="" type="checkbox"/> Concrete/rubble/asphalt <u>41,142</u> tons	<input type="checkbox"/> Gypsum/drywall _____ tons	<input type="checkbox"/> Other Plastic _____ tons
<input type="checkbox"/> Shingles _____ tons	<input type="checkbox"/> Other (specify) _____		

Airspace (Capacity): Questions in this section relate to all cells/units of the C&D facility operated under the current 4-digit permit number regardless of whether the cells/units are closed or are not contiguous at the time of this report. Tonnage questions must be based on scale records and cover the period between the opening date and the date of the last survey unless another time period is approved. Airspace measurements include weekly, intermediate and final cover.

4. Date Facility Last Surveyed: _____

5. Airspace Used (cubic yards): _____

6. Total Tons Disposed in Airspace Used (tons): _____

7. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred: _____

8. Total waste landfilled at this facility during the period of July 1, 2012, through June 30, 2013. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. Do not include waste diverted for recycling, reuse, mulching, or composting. Please indicate COUNTY and STATE, if received from another state.

[illegible]

Grand Total	88,549.22
-------------	-----------

9. Are there SWANA or other certified operator(s) at this facility? ☐ Yes ☐ No

If yes, indicate the following:

Name: <u>Dan Messier</u>	Certification type and expiration date: <u>Construction and Demolition Manager, 10/17/2013</u>
Name: <u>Gary Eldridge</u>	Certification type and expiration date: <u>Landfill Operations Specialist, 04/19/2014</u>
Name: <u>Billy Bell</u>	Certification type and expiration date: <u>Landfill Operations Specialist, 04/03/2015</u>
Name: <u>Paul Knies</u>	Certification type and expiration date: <u>Landfill Operations Specialist, 03/12/2016</u>
Name: <u>Alvin Molden</u>	Certification type and expiration date: <u>Landfill Operations Specialist, 04/16/2015</u>

10. Comments, suggestions or notes:

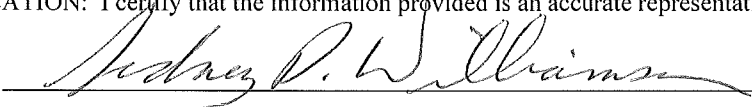
Air Space survey 4., 5., and 6. is not complete, An amendment form will be sent when complete.

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

Drew Hammonds
225 Green Street, Suite 714
Fayetteville, NC 28301
phone: 910.433.3350 email: Andrew.Hammonds@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: 

Date: Jul 31, 2013

Name: Sid Williamson

Title: Solid Waste Manager

Phone Number: (910) 977-2502

Email: sidney.d.williamson.civ@mail.mil

Facility Name: Fort Bragg C&D Landfill Permit: 2608-CDLF-1998

Address: BLDG #O-3454

City: Fort Bragg State: North Carolina Zip: 28310

Person completing Assessment: Sid Williamson Date: Jul 31, 2013

Phone Number: (910) 977-2502 Fax: (910) 396-4188 Email: sidney.d.williamson.civ@mail.mil

Instructions:	Please indicate either <i>Yes</i> or <i>No</i> for each Receptor and Post Closure Maintenance question. Then please determine the distance or distances for each Receptor from the <i>Edge of Waste</i> (using range finders and/or GIS maps) and type that information into the form. Please attach additional information including GIS maps, lists of potable well locations, etc.
---------------	---

Receptors

1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
3. Are there Community/Municipal Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
4. Are there Surface Water Bodies Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
Please list the names of the water bodies: _____
5. Is Public Water Available Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many of the Residential Dwellings noted above are connected? _____

Corrective Measures

6. Is there an active methane extraction system (blower, flare, etc.)? ☐ Yes ☒ No
7. Is there a passive methane extraction system (trench, vents in cap, flare, etc.)? ☐ Yes ☒ No
8. Is there groundwater remediation taking place on site? ☐ Yes ☒ No
If Yes, what is the specific remedial technology used? _____

Comments

--